

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

(check one applicable item below)

- ☒ original.
- ☐ design.
- ☐ supplemental.
- ☐ national stage of PCT.
- ☐ divisional.
- ☐ continuation.
- ☐ continuation-in-part (C-I-P).

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

COMPUTER NETWORK AUCTION SYSTEM USEFUL IN GARNERING THE ATTENTION OF
INDIVIDUAL NETWORK USERS

SPECIFICATION IDENTIFICATION

the specification of which:

(Complete (a), (b) or (c))

- (a) ☒ is attached hereto.
- (b) ☐ was filed on _____, as ☐ Serial No. 0 / _____
or ☐ Express Mail No., as Serial No. not yet known _____
and was amended on _____ (if applicable).
- (c) ☐ was described and claimed in PCT International Application No. _____, filed on _____
and as amended under PCT Article 19 on _____ (if any).

00783322 004394

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,

(also check the following items, if desired)

☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) ☒ no such applications have been filed.

(e) ☐ such applications have been filed as follows.

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS

(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION

AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(34 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S)

UNDER 35 U.S.C. 120



I hereby claim the benefit under Title 35, United States Code, § 120 of any prior United States Applications or PCT International Application designating the United States.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120:					
U.S. APPLICATIONS			Status (Check one)		
U.S. APPLICATIONS	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
1. 0 / _____	_____	_____	_____	_____	
2. 0 / _____	_____	_____	_____	_____	
3. 0 / _____	_____	_____	_____	_____	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. APPLICATION NOS. ASSIGNED (if any)			
4. _____ 5. _____	_____	0 / _____ 0 / _____	_____	_____	_____
_____ 6. _____	_____	_____ 0 / _____	_____	_____	_____

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and /or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Registration No.

Edward J. Quirk 23,018

Michael Bak-Boyчук 26,362

(check the following item, if applicable)

☒ Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

Quirk & Tratos
3773 Howard Hughes Parkway
Suite 500 North
Las Vegas, NV 89109

Michael Bak-Boyчук
Patent Attorney
(702)792-3773

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

Sue L. Shifrin-Cassidy
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature *Sue Shifrin-Cassidy*

Date 2-8-01 Country of Citizenship U.S.A.

Residence 6985 S. Pecos Road, Las Vegas, NV 89120

Post Office Address 6985 S. Pecos Road, Las Vegas, NV 89120

Full name of second joint inventor, if any

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship U.S.A.

Residence _____

Post Office Address _____



Full name of third joint inventor, if any

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

(check proper box(es) for any of the following added page(s)
that form a part of this declaration)

☐ **Signature** for forth and subsequent joint inventors. Number of pages added _____

* * *

☐ **Signature** by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.

Number of pages added _____

* * *

☐ **Signature** for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47.

Number of pages added _____

* * *

☐ Added page for **signature** by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)

* * *

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

☐ Number of pages added _____

* * *

☐ Authorization of attorney(s) to accept and follow instructions from representative.

* * *

(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item)

☒ This declaration ends with this page.